

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000106280

1. Entity Name
HOTEL CONSTRUCTION CONSULTANTS, INC.



Principal Place of Business
**3909 WEST EDEN ROC CIRCLE
TAMPA, FL 33634-7419**

Mailing Address
**3909 WEST EDEN ROC CIRCLE
TAMPA, FL 33634-7419**



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0581256

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LINSKY, MICHAEL A
601 EAST TWIGGS STREET
SUITE 200
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VIVINO, MELISSA A 8408 FLAGSTONE DR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BOND, R. WALTER JR. 8408 FLAGSTONE DR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000119645
04/19/04-80108-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MELISSA A VIVINO* 4-14-04 Phone 813-243-1000